State Reporting: Issues and Activities in Utah

Scott D. Williams, M.D., M.P.H.

Deputy Director, Utah Department of Health

New Jersey AHRQ Patient Safety Conference

August 19-20, 2003

scottdwilliams@utah.gov

Utah Patient Safety Task Force

- Utah Hospital Association
- Utah Department of Health
- Utah PRO- HealthInsight
- Utah Medical Association

- Coalition vs. Strategic Partnership

Utah Patient Safety Task Force

- Prioritized, manageable initiatives
  - Sentinel Event & Root Cause Analysis Reporting
  - Adverse Drug Event Reporting and Reduction Program
  - www.health.utah.gov/psi
- Optimize existing capacity
  - Hospital discharge reports
  - JACHO processes
- State authority used to level the field
  - No competitive advantage for non-participation
  - Data aggregation
  - Arm's length oversight of improvement
  - Regulatory firewall

Uses of Patient Safety Data

- Surveillance- rigorous data
  - Accountability
  - Monitors trends
  - Triggers focused epidemiologic investigations
- Quality improvement- more rigorous data
  - Accountability & Learning
  - Defines problems & implements solutions
- Research- most rigorous data
  - Learning
  - Evaluates potential problems & solutions

Sentinel Event Underreporting

- "Expected" deaths due to errors = 327/ year
  - Based on IOM estimate of 44,000 deaths in U.S.
- Annual verification of reporting completeness requested from all hospitals
- Lack of reporting by ambulatory surgical centers
- "Direct" events vs. "statistical" events
- Lack of capacity in <u>all</u> facilities to systematically identify sentinel events

Beyond Reporting: Sentinel Event Case Finding

- Death certificate codes (Y40-84) for complications
- Hospital discharge data
  - Misadventures
  - Procedure complications
- Medical examiner data
- Patient/ family "complaints"
- Off-site deaths

Root Cause Analysis Reporting

- RCA action plans reports focus on
    - Staff education
    - New or revised policy
    - Improve communication among health care team
    - Physician education
    - New or revised procedure
- Nearly all are limited to the "last step" in event

Sentinel Events- Next Steps

- Improve reporting among hospitals
  - Engage ambulatory surgical centers
  - Test and implement "case finding" strategies
- Convene statewide (or broader) trend analysis and response process
  - Implement targeted statewide SE prevention strategies
- Improve RCA expertise and skills (state & facility)
- Revise SE definition when time is right (?NQF)
- Add other facilities (nursing homes)

Adverse Drug Events Reporting

- National expert panel developed a patient safety code subset from the ICD-9-CM codes
  - 29 experts, multiple specialties
  - 1,192 ICD-9 codes initially reviewed
  - 1,003 codes are included in the final list and grouped into 66 adverse event classes
  - 446 potential ADE codes included
  - Code set is available at www.health.utah.gov/psi

Adverse Event Reporting

- Chart verification of code set is underway
- ICD-9-CM ADE coding may be increasing
  - 10% increase in first 6 months of 2002
- Most commonly coded ADEs
  - Adverse effects, total- 2743/ <u>6 months</u>
    - analgesics, antipyretics and antirheumatics- 553
    - hormones and synthetic substitutes- 321
    - agents affecting blood constituents- 230
- Positive predictive value of selected ICD-9-CM ADE codes = 80%

Adverse Drug Events- Next Steps

- Continue to improve ICD-9-CM reporting
- Provide technical support to individual facility ADE reduction programs
- Focus statewide strategic processes
- Audits required beginning Fall 2004
- ? Add new facility categories (nursing homes)
- ? Add new event types (falls, decubiti)

Release of Patient Safety Data

- Reports to individual hospitals
  - Facility specific data, protected
- Periodic reports to hospital Industry
  - Statewide data
- Press conference
  - Statewide aggregate data, public release
  - Stay "on message"

Confidentiality and Protection

- Rules established under general DOH data management authority

- Patient identifiers not collected

- Utah state law, titles 26-3 & 26-25, give DOH authority to protect data from freedom of information request, subpoena, or court order
  - Individual reports
  - Facility-specific data

- No court test of facility-level protection to date